

OSUP/F6A
R11/24/04

OFFICE OF STATE UNIFORM PAYROLL
AFFIDAVIT OF LOST VENDOR CHECK

CERTIFICATE OF INDEMNITY

I, _____ do hereby certify that I have
(Vendor Name)
received my Vendor Check No. _____ dated _____
in the amount of \$ _____. I further certify that I endorsed
said check in blank (Signature Only) after which it was lost and
that I have not received any remuneration for said check.

To my knowledge, the aforementioned check has not been found
and/or cashed; and if found, I promise to return it immediately
to the following address:

Division of Administration
Office of State Uniform Payroll
P O Box 94095
Baton Rouge, LA 70804-9095

I further agree to reimburse the Office of State Uniform Payroll
the full check amount of \$ _____ if the aforementioned check
is or gets cashed by me or by any other person should I be issued
an off cycle check. I will in no way cause a loss to the said
Agency/Department because of my negligence in endorsing and losing
my check.

Witness

Employee Signature

Witness

Date